

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 JUN 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20909 (8)

1. Corporation Name
ELLENBURG CAPITAL CORPORATION

Principal Place of Business 5550 SW MACADAM #200 PORTLAND OR 97201	Mailing Address 5550 SW MACADAM #200 PORTLAND OR 97201
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1988	3a. Date of Last Report 03/03/1994
4. FEI Number 94-2616421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 12	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		94-2616421		<input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired		<input checked="" type="checkbox"/> 12	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be	
24		29		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DAWSON, GREG, ESQ.
BARNETT BANK BUILDING
100 LAURA STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	CEO ELLENBURG, GERALD D 5550 SW MACADA, 200 PORTLAND OR	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300001515433 -06/16/95--01062--010 ****225.00 ****225.00
TITLE NAME STREET ADDRESS CITY ST ZIP	P BAASE, BARRY L 4910 MASSACHUSETTS AVENUE, NW 219 WASHINGTON DC	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPA POLICAR, KATHRYN M 5550 SW MACADAM, 200 PORTLAND OR	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300001515433 -06/16/95--01062--011 ****105.00 ****105.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VPAM BOLER, ROBERT. L. 5550 SW MACADAM, 200 PORTLAND OR	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPSG WOLLER, ANTHONIE H 5550 SW MACADAM, 200 PORTLAND OR	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TOMCZAK, KRISTIN M 5550 SW MACADA, 20 PORTLAND OR	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony H. Woller **Anthony H. Woller, Vice President/General Counsel**
DATE: 6/16 **1/11/95 (503) 274-2200**